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PTO/SB/05 (08-00)

<b>UTILITY PATENT APPLICATION TRANSMITTAL</b> <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>	<b>Attorney Docket No.</b> <b>First Named Inventor or Application identifier</b>	<b>H054165.0002US0</b> <b>Bobby D. Hill</b>
<b>ADDRESS TO:</b> Commissioner for Patents Mail Stop Patent Application PO Box 1450 Alexandria, VA 22313-1450	<b>Title</b> <b>Express Mail No.</b>	<b>ALARM DEVICE INTERFACE SYSTEM</b> <b>EV33068784US</b>

22388 U.S. PTO  
 10/649870  
 08/27/03

### APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents

1. ☒ Fee Transmittal Form PTO/SB/17 (submit in duplicate)
2. ☒ Applicant claims small entity status. See 37 CFR 1.27.
3. ☒ Specification [Total Pages: 36]
4. ☒ Drawing(s) (35 USC 113) [Total Sheets: 11]
5. ☒ Oath or Declaration [Total Pages: 1]
- a. ☒ Newly executed (original or copy)
- b. ☐ Copy from a prior application (37 CFR 1.63(d))  
 (for continuation/divisional with No. 17 completed)
- [Note No. 6 below]
  - i. ☐ DELETION OF INVENTOR(S)  
 Signed statement attached deleting inventor(s) named in  
 the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).
6. ☐ Incorporation By Reference (useable if No. 5b is  
checked)  
 The entire disclosure of the prior application, from which a copy of  
 the oath or declaration is supplied under No. 5b, is considered as  
 being part of the disclosure of the accompanying application and is  
 hereby incorporated by reference therein.
7. ☐ Nucleotide and/or Amino Acid Sequence Submission  
 (if applicable, all necessary)
  - a. ☐ Computer Readable Copy (CRF)
  - b. ☐ Specification Sequence Listing on:
    - i. ☐ CD-ROM or CD-R (2 copies); or
    - ii. ☐ paper
  - c. ☐ Statement verifying identity of above copies
8. ☒ Application Data Sheet. See 37 CFR 1.76

9. ☐ CD-ROM or CD-R in duplicate, large table or  
Computer Program (Appendix)

### ACCOMPANYING APPLICATION PARTS

10. ☐ Assignment Papers (cover sheet & document(s))
11. ☐ 37 CFR 3.73(b) Statement (when there is an assignee)
12. ☒ Power of Attorney
13. ☐ English Translation Document (if applicable)
14. ☒ Information Disclosure  
Statement (IDS)/PTO-1449  
☐ Copies of IDS Citations
15. ☐ Preliminary Amendment
16. ☒ Return Receipt Postcard (Itemized)
17. ☐ Certified Copy of Priority Document(s)  
(if foreign priority is claimed)
18. ☒ Other: Check for \$447.00; Certificate of Mailing

19. If a CONTINUING APPLICATION, check appropriate blank and supply the requisite information:

<input type="checkbox"/> Continuation	of prior application No.: _____ / _____
<input type="checkbox"/> Divisional	Prior Application Information: _____
<input type="checkbox"/> Continuation-in-part (CIP)	Examiner _____ Group Art Unit: _____

### 20. Correspondence Address

☒ Customer Number or Bar Code Label \_\_\_\_\_ or \_\_\_\_\_ Correspondence address below  
 \_\_\_\_\_  
 01200  
 (Insert Customer No. or Attach bar code label here)

Name	Attn: Dwayne L. Mason				
	AKIN, GUMP, STRAUSS, HAUER & FELD, L.L.P.				
Address	711 Louisiana, Suite 1900 South				
City	Houston	State	Texas	Zip Code	77002
Country	U.S.A.	Telephone	(713) 220-5800	Fax	(713) 236-0822

Date: 08/27/03

Dwayne L. Mason, Reg. No. 38,955

<b>FEE TRANSMITTAL for FY 2003</b>  <i>Patent fees are subject to annual revision</i>		<b>Complete if Known</b>	
		Application Number	
		Filing Date	August 27, 2003
		First Named Inventor*	Bobby D. Hill
		Examiner Name	
		Group / Art Unit	
Total Amount of Payment	\$ 447.00	Attorney Docket No.	H054165.0002US0

<b>METHOD OF PAYMENT (check one)</b> 1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to: Deposit Account No.: <u>16-2435</u> Deposit Account Name: <u>Akin, Gump, Strauss, Hauer &amp; Feld, L.L.P.</u> <input checked="" type="checkbox"/> Charge any additional Fee Required Under 37 CFR §§ 1.16 & 1.17 <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 2. <input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit Card <input type="checkbox"/> Other						<b>FEE CALCULATION (continued)</b> <b>3. Additional Fees</b>																																																																																																																																																																																									
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Submitted by

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